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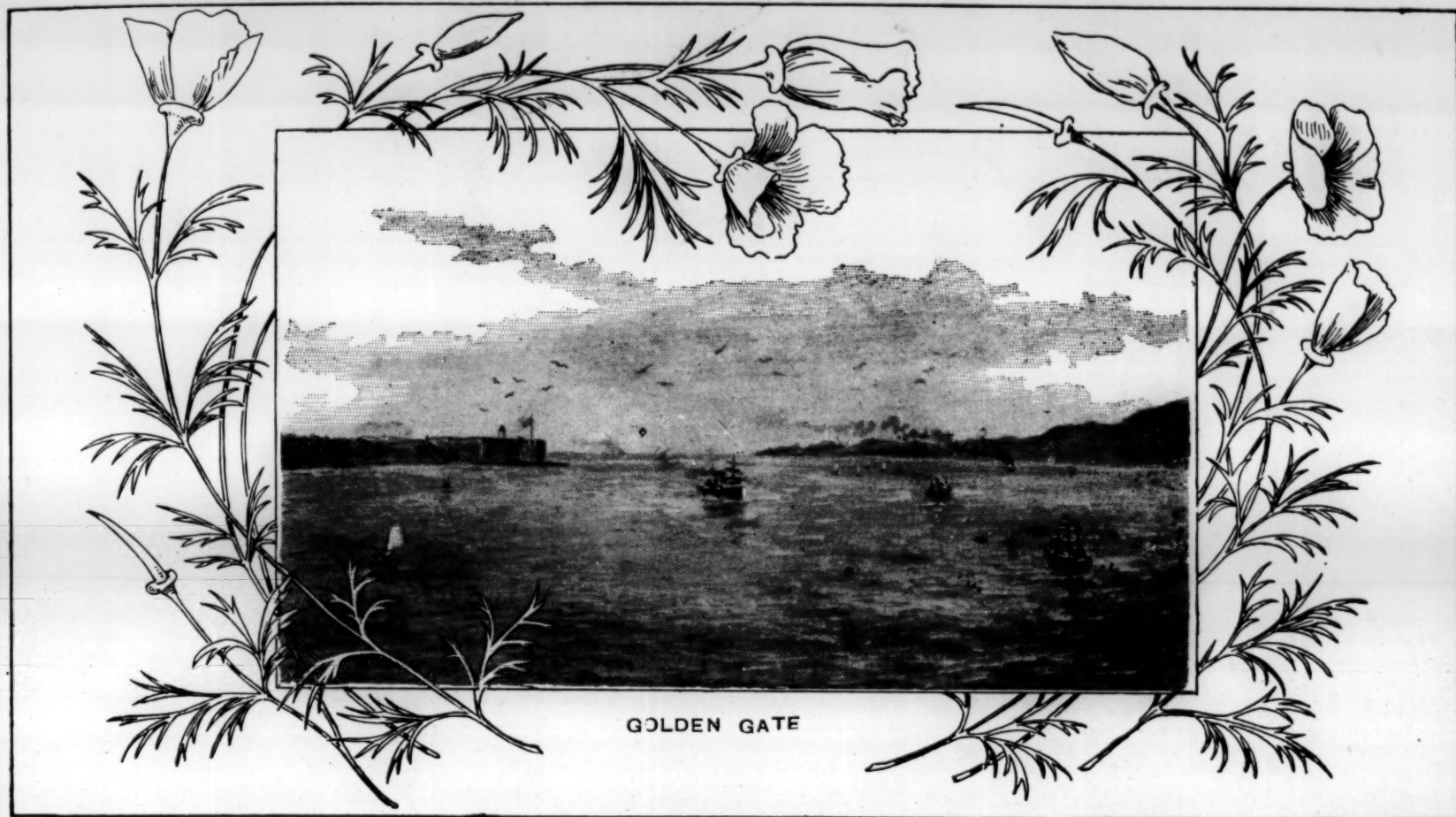
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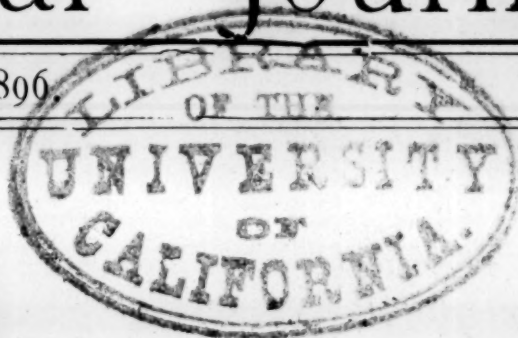


## California Medical Journal.

VOL XVII.

San Francisco, May, 1896

NO. 5



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OF THE UNITED STATES.*



# California Medical Journal.

VOL. XVII.

San Francisco, California, May, 1896

NO 5

## Observations and Deductions from Ten Cases of Vaginal-Hysterectomy.

H. L. HENDERSON, M. D., La Grande, Oregon.

It has been my good fortune to observe ten cases of Vaginal-Hysterectomy: In eight of which I was the operator, while in two I was the assistant and subsequent attendant. From these cases I am led to make a few observations that may be of interest and assistance to others who are working in this field, or are contemplating entering it.

I believe that the time has arrived, when a surgeon who performs abdominal hysterectomy, is guilty of gross professional incompetence, except in the few cases in which it would be impossible for the diseased mass which has necessitated the operation, to be removed through the vaginal orifice; which number is exceedingly small.

The reason for this belief, rests upon the extremely low mortality following the modern operation, as compared with the one more antiquated. Again: The ease with which the more modern is performed as compared with the abdominal method. So far as the physician in the case is concerned, I am al-

most convinced that the abdominal operation should never be performed. Because, if the attending physician is as capable in diagnosis as he should be, then he will recognize diseased conditions that necessitate the removal of the uterine structures at such a time in the progress of the disease, that the diseased condition will never be permitted to reach the dimensions indicated in the exceptional case.

In the ten cases mentioned in this series, six of them were for the relief of cancerous conditions. One for pyosalpingitis, chronic. Two for extremely marked dysmenorrhoea. One for constitutional neuroses. As to results: Five of the cases operated upon for the relief of cancerous conditions, are still living, at least were living a short time ago. The one that is now dead, died about five months after the hysterectomy was performed, on account of the cancerous action attacking the bladder and rectum simultaneously. All the others are living, in comparative good health. So that the



sum of the mortality immediately from the operation is zero, while as to final results the per cent is ninety, of satisfactory result or fairly good health.

No one operation required more than forty-five minutes for its completion; while the shortest time in any one was eighteen minutes. I do not profess to be a very rapid operator, but I wish to call the attention of prospective operators to this short time as compared with the old abdominal method. In none of these cases were there any symptoms of alarming shock. I attribute the absence of shock to the short time required in the operation, as well as the small amount of blood lost; for in no case under my observation were there more than two to three ounces of hemorrhage. I have never seen the temperature of the patient pass  $102^{\circ}$  after this operation, while the lowest that I have observed was never above  $99\frac{5}{8}^{\circ}$ . I have long since ceased to use any ligature for the purpose of drawing together the wound in the vault of the vagina. I am convinced such an effort is altogether unnecessary, as I have gotten better cicatrization or adhesions, so far as the form of the vagina is concerned, without the ligature, than I ever did with it. I am convinced that the low mortality and temperature following this operation, is dependent largely upon the thorough and complete drainage that follows, when the ligature is left off, and the parts dressed with iodoform gauze. Do not use bi-chloride gauze, for there are certain persons whose organisms will not tolerate that form of antiseptic, as I have learned to

my discomfiture. Iodoform or carbolic acid gauze is the preferable form of dressing.

There is nearly always more or less trouble with the bladder, appearing from two to five days after the operation. It sometimes amounts to a distinct cystitis, or a cystic paralysis. It may continue with more or less severity for perhaps as much as a month from the time of the operation. It often necessitates the employment of direct remedies for its relief. The trouble is certainly caused by the necessary wounding of the utero-cystic union or attachment.

Immediately after the operation proper is completed, the traumatic cavern should be tightly packed with one of the above named gauzes, and that dressing may safely remain in place until the fourth or fifth day, when it should be removed and a few strips of the gauze inserted after irrigating the parts thoroughly with some antiseptic solution. I prefer permanganate of potash for that purpose. At the time of this second dressing, the stumps of the broad ligaments are permitted to fall together, and adhesion will soon follow. The strips of gauze mentioned as constituting the second dressing, are only inserted to a very short distance beyond the vault of the vagina. They are properly speaking only drainage strips. Redress in about two days, irrigate, and at about the eighth day from the operation, leave out all dressing and only irrigate two or three times per day. In from two to three weeks from the operation, all adhesions are complete, and the patient can safely



move about. I have had one patient who took a buggy ride on the twelfth day, but I would not advise that all make that attempt. Within about one month, the ordinary symptoms of the menopause will begin to appear. It is well for the surgeon to warn the patient previous to the operation that these symptoms must necessarily follow, provided that she has not already passed "the change of life." The symptoms that are usually spread out over a period of from three to five years are in cases of hysterectomy, crowded into a much shorter period; in fact usually being completed in about ten months. All those flashings of heat, sweating, nervousness, burning of the palms and soles etc, are crowded into this space of time. So that the physician will be called upon frequently for advice and remedies, to relieve the unpleasant sensation. After about one year the organism has re-adjusted

its several relationships, and we then have a healthy woman.

I have never yet witnessed anything like a hernia through the wound, though I have noted that some operators warn against such an accident. The instruments necessary in the performance of the operation of vaginal hysterectomy, are very few in number. I find that all I require can be counted upon the fingers. A large sized full curved Hagedorn needle for carrying the guy-rope; a long curved scissors; a strong vulsella; a Skene's medium sized curette for flaying, and a few hæmostatic forceps. Use the irrigator freely on the field of operation.

My only excuse for inflicting this essay on the readers of the Journal, is that the operation is still somewhat *subjudice*, and while it is in that stage, I deem it the duty of every operator to report to the profession the results of his experience.

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### Therapeutic Miscellany.

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J. C. ANDREWS, M. D., Los Angeles, Cal.

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As the years go by improvements in every avenue of business are made. The advancement made in electricity is wonderful, rapidly displacing steam or other motive power, as in the valuable street car service of our cities, greatly to the profit of the investor, and pleasure of the traveling public.

From present indications, we will in the near future, be able to view the internal viscera of humanity, so great are

the improved advancement in photography; already, by the aid of electricity through reflected light, pathological conditions of internal viscera are discovered, as of the bladder, throat, nasal cavities, etc., materially aiding in their successful treatment.

In the meantime improvements in therapeutics has not been at a standstill. While new remedies are continually brought to the notice of the pro-



fession, valuable compounds of old remedies are made for the treatment of incipient phthisis pulmonalis, indigestion, catarrhal troubles, dropsy, diseases of the abdominal viscera, and other lesions of the economy.

As I have been for some time past making a series of experiments in acute as well as chronic diseases, I thought it not improper to make them known to the readers of our valuable Journal. I have a treatment for acute peritonitis, while it is not wholly a new remedy, it has given entire satisfaction in this painful affection.

Mr. C——, two years since, was attacked with what I at the time feared was obstruction of the bowels, as they were obstinately constipated, painful, and tympanitic, with all the symptoms of acute peritonitis. Prescribing the usual remedies for inflammation as indicated, trs. veratrum, bryonia etc., gave grain doses of hydrarg. mite every hour until an action of the bowels was secured and for a local application I used the following: Lloyd's stramonium ointment freely rubbed over the abdomen every six hours, covered with a hot flannel, continued for twenty-four hours when such marked improvement had taken place, that all fear of dissolution, which hitherto had obtained, subsided, when praises for the "bully" doctor were indulged in, who has ever since, retained in them, fast friends.

Case No. 2. Mrs. R——, aged 43 years, from over-work and extreme fatigue was recently so severely attacked with the above named malady, as to be unable to talk above a whisper or low

tone of voice, abdomen tympanitic, sore and tender in the extreme, temperature 105°: pulse 120, full and bounding; headache; skin dry, hot and pungent; situation portraying alarming results; husband anxious as to prognosis, I prescribed as follows:

R

Tr. veratrum (Lloyds).....gtt. xv  
 " bryonia.....gtt. x  
 " jaborandi.....gtt. xxv  
 " hyoscyamus.....gtt. xxx  
 Water..... 3 iv

M Sig.: A teaspoonful every half hour for two hours, then every hour when awake.

To relieve the severe pain gave ten grains of antikamnia, for the local lesion

Lloyds stramonium ointment 3 ij  
 Dynamine.....3 ss

M Sig.: Apply one drachm to abdomen, well and carefully rubbed in every six hours, covered and well tucked in with hot flannels.

The relief was most marked and permanent the pain and inflammation subsided as if by magic, the abdominal walls became soft and pliable, temperature as rapidly lowered to normal standard and in five days was dismissed as convalescent, and as promptly paid their bill. Did well for two weeks when from over doing, suffered a relapse, same treatment was as effectual as before, she saying, "she never knew of such pronounced relief from any medicine as that of yours." Such compliments are truly gratifying to the medical attendant.

I have used dynamine frequently in the last four or five years in sore and swollen joints, lame back, bruised surfaces, painful parts with uniformly good



effect, it must not be applied on abraded parts as it is exceedingly poisonous; locally applied, it will relieve neuralgia as well as sore and painful ovaries; it may be carefully used in croup. It should always be labeled POISON for LOCAL USE ONLY.

Further investigation of this invaluable remedy with or without the stramonium ointment doubtless will bring out new and valuable uses of the same. As an agent of worth in all painful affections in any part of the body, as orchitis, inflammation of the mammary gland and kindred affections.

The tincture of echinacea aug. is destined to secure the appellation as the best blood antiseptic of any remedy known to the profession, as its administration will rapidly restore, or remove from the blood that condition which causes the depression of the system in congestion producing coma, stupor and death. Such as obtains in malignant diphtheria, cerebro-spinal meningitis, scarletina, measles, typhoid fever, and kindred affections, It has other valuable uses not as yet known to the profession. My esteemed friend Dr. Burleigh, of this city recently informed me that he used it in an exceedingly aggravated case of dropsy of the lower extremities after other remedies of known worth had failed, with the most gratifying success. He however used it in alternation with a one per cent solution of glonoine.

I find from experience in the treatment of chronic diseases, that many of the most valuable and tried remedies fail simply from the fact that the true cause of disease was overlooked and up-

on reading up the symptoms and causes of orificial irritation and its treatment, on close investigation have concluded that not a few of the chronic troubles are wholly dependent upon the various diseases of the rectum, which has been verified to my entire satisfaction by the treatment I have adopted, which is as follows:

Given a case where there are indications of serious diseases without organic manifestations, where constipation exists, indigestion, nervous phenomena, poor assimilation of food, with hemorrhoidal conditions, you will in a majority of cases, upon close inspection ascertain that there is some serious complication needing your most careful attention. It may be fissure, ulcer, hemorrhoids, bleeding or otherwise. In such cases I, in addition to the usual internal administration of remedies use the following as a rectal medication.

Lloyds salicylic acid twenty grains, stramonium ointment one ounce, mix, to be, after the lower bowel has been cleansed with warm water, injected, a sufficient quantity, morning and evening, as may be needed in the case, with such additions to the above compound as indications present. If hemorrhoids exist, tr. horse-chestnut is added, and Pond's ext. hamamelis is used. In most cases I add tr. thuja and find it a valuable adjunct in giving strength to the relaxed mucus tissues of the part involved. Many other additions may be made as the medical attendant may find necessary in the case. The fewer medicines used the better.

If these suggestions prove of benefit



to any one in the study of chronic diseases it will have served the purpose of the writer.

## Some Remarks on the Reciprocal Action of Mind and Matter.

G. P. BISSELL, M. D., Cedarville, Cal.

I suppose that every one will subscribe to the proposition that the mind is built up from the body, that is, that the brain is a part of the body and causes or makes the mind, with all its peculiarities as manifested by various individuals; which personal peculiarities are the result of modification of brain structures, commonly too slight to be pointed out or definitely demonstrated. I assume this much.

Hypnotism, and various other phases of mental control of physical functions are receiving considerable attention of late, and it is well to try to find out what it all means; for surely all nature is explicable to inquiry.

I try to begin at the foundation when I say that the mind is never divorced from the body and its surroundings, at least so long as it endures in this life, and that the union of mind and body seems to be closest in early life. Given a young animal, brute or human and it will be noticed that the manifestations of pain or pleasure are intense, while in the older they are more moderate. The young is nascent. Every impression is on an unsoiled sheet and therefore is vivid; while the impression on the old is like the writing on a palimpsest where much had

been written before and only partially erased, therefore the impression is less vivid. Doctors often loose very young children from no adequate cause other than the susceptibility of their nervous systems to the irritation of disease, which in older persons is slight.

To illustrate the connection of the mind with the body, let us take the case in any one, young or old where he tunks his head. Instantly the hand goes there. The nerves of the hand carry the pain from the bruised place, and dissipate it. If some cause prevents the touch of the hand, the pain remains the more severe and persistent. In such cases relief is afforded to the child by screaming, and to the adult by swearing.

A less simple case is where danger is great and imminent and individual exertion is of no avail. Then the tortured mind finds relief in prayer, so that in situations of great danger, as at sea when the ship is threatened by waves, supplications will resound on every side to avert the calamity; and when safety comes, such frightened honestly believe and persuade themselves that the captain and his sailors were vigilant and guided the ship. Their prayers did calm their minds



and allay their fears, and to this extent were useful to every one of them. But it is a singular example of the impulse of fear, that in presence of danger of a different kind the mind does not have recourse to prayer. As for instance if the ship should take fire screams and shrieks would replace supplications.

Let us now go further afield for examples to show that the mind can dominate the body. The Mohamedan priests put out their eyes in the cause of holiness. Their followers, at the fast of Rhammadin, form a circle and keep step around the priests, chanting some strains of rude music. Presently one takes a stone in each hand, and beats his head in time to the music and the step until he knocks himself senseless and is dragged out of the way by his companions. The whole company follow his example, and as some fall, their places are filled by others. And thus the worship goes on. Their exaltation of mind renders them almost insensible to pain; and as in any other enthusiastic performance, even among ourselves, whether religious or political, as the excitement grows more intense, so do the numbers of adherents increase until the contagion has swept nearly the whole community into the stream. Few are able to keep their heads. Civilization has but varied the mode of enthusiasm; not changed its nature.

The fact of the Hindo widow immolating herself on the funeral pyre of her deceased husband is familiar to us all. A European woman who tried to dissuade one from the sacrifice testified

that she proposed to a widow to first try the experiment of burning her fingers in the flame of a lamp, and to judge from that what her coming agony must be. Thereupon she thrust her finger in the flame, and continued talking in even tones, without betraying any symptoms of pain, while the finger burned to a crisp.

The story of Cranmer burning his right hand first, because it had signed his recantation, is known to everyone. This brings us to the subject of the martyrs. It is historical that they endured persecution, outlawry and the flames. Such was the exaltation of their minds that they went to the stake singing peans of triumph. They even courted persecution and martyrdom—and the self induced enthusiasm of their minds sustained them amid all their tortures. But this same enthusiasm operated on their minds in a double action as by its very conditions it must. It made them as ready to be persecutors as persecuted.

Nor is the animus lost to day. It may be somewhat modified and softened, but it still exists. Men will still quarrel, and individuals will come to blows over questions of religion and politics. The enthusiasm of battle is of the same nature, acting upon the masses as masses, as also do religious revivals and political impulses. Thought goes in waves. History tells of the religious flagellants and dancers, while the Crusades stand out in prominent relief.

It is noteworthy to the mental student that all this enthusiasm and excitement was expanded on subjects of





uncertainty. Certainty calms the mind. Uncertainty excites and exalts the feelings. Mathematics is called cold. Mathematics never induces quarrels. Science demonstrates, but never excites. There is no appeal to imagination and the passions there. To acquire them is labor and as they do not stir the feelings they are distasteful to the common herd, who run after excitement and reject ideas. Given a theory based wholly on speculation and they will eagerly accept it, if it makes appeal to their feelings. Hence the gullability of the mentally undisciplined.

From this wide excursion, let us come back to hypnotism proper. It is but one manifestation or phase of a law that is as broad as mentality. There is reality in it. A brilliant rep-

utation will be accorded to him who can discover the underlying law, and how to use it with certainty. Christian science and spiritualistic healing, the seventh son, the power of the zouave Jacob, and of the healer Schlatter are all cognate of it. Every individual possesses the healing power in some degree. It needs to be recognized and applied, for it reaches cases that no drug will touch. It has lain dormant and unused too long, chiefly because the doctors, that self-styled learned body, pronounced it humbuggery.

Let the special phase, called hypnotism, be cultivated, while other varieties of the same force be not abjured. Possibly the underlying law will soon be discovered if more attention be directed to it.

### **Tincture of Mullein Flowers.**

O. S. LAWS, M. D., Los Angeles, Cal.

Eight or ten years ago the E. M. Journal gave us an excerpt concerning Mullein Oil for some cases of deafness, and suggested it as good for enuresis in children. We were told how to make it. Mullein grew where I then lived and I made some by filling a junk bottle with the fresh flowers corking lightly and hanging in the sun four weeks or more. I got about an ounce of a splendid fluid, rather an essence than an oil. It was so small and precious that I added an equal bulk of glycerine. The next season I poured

an ounce each of alcohol and glycerine in upon the flowers before I hung them out, and got more essence.

I tested it shortly for deafness. Two school girls who had been excluded from the public schools on account of deafness, were again admitted after about three weeks use of the "Mullein Oils" two or three drops in each ear twice a day. I have found it helpful in many cases of deafness in older people but not what I had hoped for from the article above referred to. But for ENURESIS I have found it, so far, a



specific.

I place it at the head of the list for that condition, both for its certainty and pleasantness.

The second season, after getting the precious essence from under the flower, I poured some alcohol in upon the flowers, and thus got three or four ounces of tincture, which I brought with me to California. After the essence was gone, I used this tincture for enuresis with the same prompt results in every case. I use it in irritable conditions of the urinary tract generally but not alone as I have in the cases above named. The second and worst case of enuresis was a boy of sixteen years. Had been troubled from childhood, and nothing had done much good. Gave him fifteen drops of the essence in six ounces of water,

in teaspoonful doses three times a day, Was well before the medicine was gone and no return of the trouble.

I am satisfied that the tincture is as good as the "oil" except for ear trouble and I expect to have some of the fresh flowers sent to me by mail this season. Verbascum does not grow in Southern California.

I would advise those eclectics who have it near at hand, and want a good thing, to make up a lot this summer. Don't know that it makes any difference as to the strength of the alcohol. The stronger the better perhaps for the undried flowers.

I could dispense with agrimony and some other unpleasant things used in the same line, better than tinc. verbascum, which I use in their stead.

## Hemorrhage from the Navel.

A. D. H. KEMPER, M. D., Sedgwick, Kansas.

*Dear Editor*—I noticed in April number an article, on "Hemorrhage from the Navel," by Mary B. Mallory, M. D., Auburn, Cal., in which she requests the readers of the C. M. J., to give their experiences in similar cases.

About eight or ten years ago a Mr. D., called to consult me in regard to his wife, who expected to be confined in about a month and would like to have my services. I did not promise him, though he would not be put off, and said he would come for me. Mrs. D., in her previous confinement, had

Dr. S., an Allopath, and she gave birth to a very fine healthy child. When umbilical cord came off, hemorrhage took place, and Dr. S., was summoned and applied styptics and compresses, but they were unavailable in arresting the hemorrhage, and consequently the child died.

Mr D., came one Sunday morning, as he had promised, to get me to conduct the labor. When I arrived, the nurse or a neighbor woman was dressing infant. I made some inquiries in relation to the umbilical chord and the



manner of dressing the child. She was somewhat cranky and informed me that she knew how to dress babies, that she had dressed many a one. So I said no more to the women.

The following Sabbath morning, I was again called; found infant bleeding from the navel, applied tannin and compresses which arrested hemorrhage till 8 o'clock P. M., when I was again summoned. I told the father that it would be necessary to operate, and I could not perform the operation on account of my eyesight. He sent a messenger after Dr. S., who had treated the child that had died. He would not come when informed of the case, so the messenger brought Dr. C., an Allopath. When he arrived he made some inquiries in regard to the case, I gave the particulars. "Oh I have had hundreds of such cases," the Doctor replied. He then operated on the same principle as for hare lip. I then told the doctor to take the case as he was practicing for gain, and I was not. He took the case and on the following Saturday removed the needles. The next morning Mr. D. came after

me; he was crying, and said they would have to give the child up, same as they had the one prior.

I tried to comfort as best I could, and told him I had two or three plans, and that his child should be saved. He then sent for Dr. C. and he brought Dr. S. along. When they arrived, Dr. C. said that he had examined all the medical books at his command, but there was no such case described. Dr. C. then asked me if I had a plan that would save the child. I answered yes—two or three. I then told them "that we would make a raw surface around the umbilicus by taking off the cuticle, then bring the raw surface together on same principle as hare-lip operation." We returned to the sick room and Dr. C. informed the father of my plan for saving his child. Dr. C. performed the operation under my instructions. Child had no more hemorrhage, and healed, by first intention. Saw the child six years afterward, stout, robust and healthy; navel wanting; the skin where navel should have been was perfectly smooth like the rest of the abdomen.

## Operation for Carcinoma of the Rectum.

C. E. CASE, M. D., Tacoma, Wash.

Rydygier's preliminary osteo-plastic resection of sacrum for malignant disease of the rectum, with removal of four inches and a half of that tube for carcinoma.

Miss B. S——, aged 32 years, suffering with malignant stricture of

the rectum, entered St. Joseph's Hospital and I operated upon her with the assistance of Drs. Brown, Miller and Rummell.

The patient was anesthetized and placed in the knee-elbow position, the anterior superior spinous processes of



the ilium resting upon sand bags.

An incision was made from the posterior superior spinous process of the ilium of left side down to the point of the coccyx and from thence to the anus. I then passed my fingers through the incision thus made and separated the rectum from the sacrum quite up to the promontory.

A transverse incision was now made down to the bone between the third and fourth sacral foramina, the sacrum severed across with chisel and mallet and the osteo-plastic flap thus created turned over to the right and held in this position by a retractor. The tumor was now plainly exposed to view and its dissection proceeded with. It was necessary to remove four inches and a half of the bowel, which necessitated also the removal of the sphincters and the opening of the peritoneal cavity. After complete removal of the growth and ligation of all bleeding vessels, the gut was pulled down and stitched to the skin, thus forming a new anus. The peritoneum on each side of the bowel was brought together with fine silk sutures, after which strips of iodoformized gauze were laid on each side of bowel and made to protrude just above the site of the new anus, thus affording free drainage. The flap of flesh and bone was returned and stitched in place by sutures of silkworm gut extending down to the bone.

The patient made an uninterrupted recovery, the wound being united throughout.

I thought that this case might be of some interest to the profession at this

time in view of the fact that the operation is objected to by many eminent surgeons (the illustrious Professor Nicholas Senn being among the number), on the plea of its being a "mutilation operation." Judging from this single case I do not think the term justified, as the patient is free from pain and suffers no inconvenience from locomotion.

Only by some one of the methods of resection or excision of the sacrum could this tumor have been removed. Certainly not by removal of the coccyx alone. Kraske's method, or some modification thereof, doubtless would have afforded room for dissection, but as the bone is permanently removed in his operation and its modifications, paralysis and other annoying sequelæ are the frequent accompaniment of all such operations and are therefore inferior to the Rydygier method.

I have performed sixteen removals of the uterus. Ten of these were abdominal hysterectomies and six were done per vaginam by the ligature, clamp and by the enucleation method of Dr. E. H. Pratt of Chicago.

Your readers are quite as conversant with this operation as I am, and so I will not take up their time and your valuable space in Our Journal to a useless purpose by reciting them in detail.

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Burnett's Cod Liver Oil is a standard with the medical profession throughout the whole United States. Write to Theodore Metcalf & Co. of Boston for literature.



## I Am Going.

ELI GETTHERE, M. D., Sweetbriar, Wayback.

Having read a good deal in the last few editions of the Journal about some kind of a "National" affair going to meet at Portland, Oregon, next June, I made it my business to find out what kind of a shin-dig it was going to be. At first I was inclined to think that it was a specie of confidence game on the part of the railroad companies (you know they are up to all kinds of schemes), and was therefore considerably afraid that I would come out a loser if I attempted to go. Upon mature investigation, however, I have come to the conclusion that to miss it would mean a loss of something like five years' growth to an overgrown boy. If you have ever seen a boy of that variety you can realize the enormous loss to the individual. I have taken it upon myself—not having the honor of a committeeship—to inquire of several of our physicians as to whether or not they are going to be present at the pow-wow of the great and small chiefs at the metropolis of the north. In several instances they claimed to be affected by a peculiar vacancy in their wampum belts and professed a desire to be present at the great gathering if said vacancy were not in existence. Now, Mister Editor, I am certain that I do not possess a very plethoric wampum belt. My medicine does not seem able to cause the "shiners" to drop from the belts

of others into my own with great celerity, or in greater numbers than is found to be the case with other medicine men, nor has the good squaw of my tepe a goodly filled stocking of the "necessary" stored away for an occasion of this kind; therefore, I can not rely upon her for assistance. But if I had to live on "blubber" and "sour-mash" for the next six months I would find enough money to go and come on and be in it for a week, if it was the last act of my natural life. Why? Because I am proud of the fact that I am an Eclectic, and want the world to know it.

In the past we would occasionally hear of a back-slider—i. e., an individual who had enlisted in our ranks, had come to the conclusion that our school was in the minority, and not wishing to struggle on in life without the so-called pleasure of being with the "popular" people, would flop to the other side and become as much of a "regular" as an "irregular" thing could become. I said this was in the past. I still say so. Recently several instances of this kind have occurred, but since their action they have shaved the hair off of one side of their heads and are awaiting a favorable opportunity to shingle the other side so that they might resemble their former selves, believing that by-gones may soon be forgotten. Why do they re-



gret? For the reason that the progress and prosperity of our school is such that it will soon be forgotten that we were ever a minority.

There never was an American institution which did not prosper and thrive so long as it remained purely American, as was its intention. The Eclectic School of Medicine is strictly American in the fullest extent of the word, and therefore must come out a winner in spite of the bitterest opposition. Not bound to the dogmas of any creed, Eclecticism must be a success; nothing can prevent it. American citizens are nothing, if not enthu-

siastic, and for that reason I predict that the session of the National Eclectic Medical Association at Portland will be a grand and glorious meeting of American physicians, who will not prevent the expenditure of a few dollars to detract one whit from their enthusiasm. It will be worth the price to meet with and grasp by the hand, even if never to meet again, some of the great physicians of the East, many of whom will be at Portland, June 16, 17 and 18. Get there Eli! is my watchword from this on, with my Star Spangled Banner flying to the breeze.

## Ichthyol in the Treatment of Erysipelas.

M. E. VAN METER, M. D., San Francisco, Cal.

I wish to emphasize what has already been written in regard to this useful remedy in the treatment of the very common and often serious disease, erysipelas. In what way ichthyol exerts its antagonism over this disease I know not. It may be that it is especially inimical to the erysipelas microbe, or it may exert this influence over any microbe, or it may not be anti-microbic at all, but exerts its curative influence in some other way. But that it cures I am positive, having treated an average number of cases in the past twenty years and having tried

the different methods that have been in vogue during that time, and never found a satisfactory treatment till I began the use of ichthyol some four or five years ago.

As to how it has acted in my hands, and how I use it, I can best describe by reporting some of the cases on which I used it, and in every case where I have tried it, it has given entire satisfaction to both myself and the patient, always affording immediate relief from the most distressing symptoms and effecting a speedy cure.

Case 1, girl twelve years old. The



disease first showed on the ear and soon involved the whole side of the face, extending up into the hair. Had hair clipped over affected area and applied a good coating of ichthyol over all the affected surface, carrying it just beyond the diseased parts, on to the healthy skin. Ordered the application repeated two or three times a day, and in three days had the trouble under control, without it having extended an inch in any direction.

Case 2, girl seven years of age. Disease appeared at elbow and was rapidly extending in both directions. Ordered ichthyol applied every three or four hours and checked the disease without further spreading. I was exceedingly solicitous in regard to this case, as it occurred in a foundling hospital, where the surroundings were as unpropitious as they could well be, and the child was of a scrofulous diathesis and a long way below par at the time.

Case 3. This was a child one year old and also an inmate of the foundling home. The disease began on the buttock on the left side and involved the whole limb from the knee to the body. The parts were much swollen, very red and almost as hard as a board. The child was very fretful and had a high fever, and as the child was still wearing a diaper, it was impossible to keep the parts dry and clean. Applied ichthyol several times a day, and the child made a rapid recovery.

Case 4 was a married lady of thirty. This lady was subject to attacks of erysipelas in one ear, which, as she said, always spread on to head and

laid her up for two or three weeks consequently she was much worried at the approach of another attack. The faithful use of the ichthyol confined the disease to the ear alone.

Case 5. This case was an old lady, past sixty, constitutionally delicate and in poor health at time of attack. The disease appeared on the end of the nose, and when I was called was spreading in all directions, having about closed both eyes. I applied the ichthyol over all of the parts that were accessible, but could not cover all of affected surface about the eyes; hence there was some extension of the disease upward, but as soon as I could get at it I brought it under control.

The solution I use is composed of equal parts of collodion and ichthyol, with a little ether added to make it thinner, that it may the more easily and evenly be applied. To be successful, there must be kept a good coating on at all times, which may require two or more applications each day, one case requiring more than another, and the coating must not only cover every bit of the affected surface, but the area covered must extend on to the healthy skin.

While I place my chief reliance on the application of the ichthyol solution, yet I do not neglect other indicated remedies. I usually keep the bowels in good condition by giving small doses of sulph. or cit. of magnesia. I also give the indicated sedative, if the fever runs very high. Quinine, iron and other tonics may be given when deemed necessary.



## The Virulence of Disease.

GEO. H. DERRICK, M. D., Oakland, Cal.

Read before the Alameda County Eclectic Medical Society, March, 24th, 1896.

Mr. President and Fellows of the Alameda County Eclectic Medical Society: The theme chosen for discussion this evening appears to be one of great importance to the medical profession. Whether my manner of treating the subject will be such that any new light will be shed on it may be a matter of question, but all must admit that there is couched in this topic food for thought and material for discussion which is worthy of the scrutiny of the brightest minds, the analytical review of the most careful disputants and the critical test of the most scientific investigators. To the liberal and inquiring physician there are no bounds set by ethics, societies or schools which will bar original research and thought, or confine the student to diagnosis, etiology or treatment of disease as it is laid down in books. Well may we ask the self-answered question,

Moves our free course by such fixed cause,  
As gives the poor mechanic laws?

The vital phenomena are so various, so dissimilar and the various classes of life are so diversified in themselves that the study of physiology and biology are vast mines, rich in nature's wealth and inviting our research and analysis. With a thousand tongues,

silent and yet unmistakable, nature is inviting our attention, demanding our scrutiny and pointing to the laws of life and the functions of living organisms.

If the normal conditions of life are so complex and diversified what shall we say of the abnormal? If the beaten path of nature often leads us into unexpected fields of investigation; if it presents so much which is mysterious, unexplainable or awe-inspiring, what must we think of the pathological processes which, like the comets in the heavens, seem to defy the natural laws and in a certain sense become a law unto themselves? We have observed the phenomenon of disease so carefully and noted its several courses with such precision and accuracy that we come to look upon pathology as an open book. We flatter ourselves and congratulate one another on the laws which we have developed as regulating the morbid processes. While girding on the harness we boast ourselves as one that putteth it off. We have too frequently forgotten that

Of all the causes that conspire to blind  
Man's erring judgment and misguide the  
mind,

What the weak head with strongest bias  
rules

Is pride, that never failing vice of fools—  
Pride, where wit fails, steps into our defense  
And fills up all the mighty void of sense,



Mr. President, no one could wish more than I that it were possible for us to reduce disease to an exact science; that it were possible for us to map out its course as we map out the rivers which run to the sea; to circumscribe its range, as the laws of centripetal and centrifugal force regulate the path of the earth around the sun. I wish it were only possible to mark every danger point with an unmistakable signal even as we mark the treacherous reef with a lighthouse to warn the storm-tossed mariner. But we cannot do it. Our text books are filled with futile attempts to give a description of the phenomenon of disease. Our colleges are sending out classes wise in their own conceit and imbued with the impression that it is as easy to tell a case of scarlet fever from the measles as it is to tell a black bird from a jay bird, and that the course these diseases will run is as clearly marked as the old writing-master's copy in the copy book. Disappointment awaits the young medico. He soon finds that not one case in fifty runs the course laid down in the books; that sometimes there seems to be a combination of two or more diseases, with a line of symptoms which make old physicians say they are puzzled and have "never seen anything like it." Again, and this is the point I wish especially to dwell upon this evening, the severity of the disease may be so different in members of the same family that the most guarded may be misled.

A brief mention of a few cases will serve to illustrate the thought in mind.

I have heard a physician of considerable experience say that he has never seen a genuine case of scarlet fever on this coast. How shall we harmonize this experience with the fact that we frequently have cases of scarlet fever reported? Simply in this way—he has never had a case which met the standard laid down in the books or the standard of his experience with that disease while practicing in the East. I here present some specimens of desquamation from a child five years old. You will notice that this piece measures  $2\frac{3}{8} \times 2\frac{7}{8}$  inches. The nurse assured me that there were several others fully as large. This little boy was the second in the family of four to contract the disease. His case was not a bad one. He was not nearly as sick as two other members of the family. He showed no nephritis, very little sore throat and the range of fever was not high. The eruption was typical. He made a perfect recovery, with nothing of interest to note except an extreme soreness of the lips and margin of the nose, which lasted for some time. His brother, aged three, was the first to contract the disease, but the family did not suspect scarlet fever for eight days and then only because the physician insisted on his diagnosis. The child was first supposed to have chicken pox and later it was called a case of measles. The slight eruption had entirely disappeared when I first saw the child, but the fever was very high and the nephritis was alarming. While making the examination, which lasted less than fifteen minutes, the child urinated



three times and made a fourth ineffectual attempt. The throat was lined with a false membrane and presented an almost typical picture of diphtheria, for which disease it was then being treated. When I gave the diagnosis of scarlet fever the family, the neighbors and the health officer were not only shocked, but incredulous. The latter official declared that there had not been a case reported in the city for fourteen months and that it was almost impossible. He took the liberty to call and satisfy himself.

This child did not desquamate at all as far as I could observe. Within a few days the mother was taken sick and presented a line of symptoms different from those of either of the children. In her case the desquamation was very fine and branny. The fever was high and the throat symptoms marked. The father had never been exposed to scarlatina before, but the health officer gave him permission to continue at his work of cabinet maker. A few days after the second child showed symptoms of the disease the father suffered from sore throat, aching of the limbs and back, headache, some fever and general malaise, but being a man of great determination he continued at his work. I feel fully satisfied that this man came under the influence of the disease, but its virulency was not sufficient to force him to give up work.

Some time ago another case came to my attention on the same line. Two children in a family had experienced an almost typical run of scarlet fever. A boy sixteen years of age, who was

working for the family at the time, was exposed and in due time complained of severe backache, slight soreness of the throat and general malaise. He was ordered to bed about 6 o'clock in the evening of the day the symptoms developed. Some hot infusion and the usual sedatives were given and the patient well covered. The fever at that time was up to 103. For some hours he perspired freely and finally went to sleep. The next morning the typical rash of scarlatina was present, but the fever had declined to less than 100 and no throat symptoms were present. The boy was ordered to remain in bed, but that afternoon he got up and planted some garden seed and the next day went to work as usual. No desquamation ever appeared that I could discover. So fully was I satisfied that this was a perfect case of scarlatina that I have taken pains to expose him to genuine cases of scarlatina on two occasions, but with no result.

Now here we have five cases of this one disease showing a great range in the virulency. One man works during the time he seems to have the disease; a boy is fully exposed, develops the rash and yet goes to work within twenty-four hours; a child of three shows extreme throat symptoms and nephritis and a high run of fever and yet no desquamation; in a child of five the desquamation was very complete and yet the severity of the disease not as great as in those in whom the desquamation was light; a woman with a high run of fever and almost alarming systemic symptoms but very



light desquamation. I have dwelt upon these cases at length because I believe they fairly illustrate the thought that I wish to present this evening—i. e., the great divergence of symptoms and the remarkable variation in the virulence of the disease.

Some time since Dr. Tucker presented an excellent paper on "Perambulating Typhoid," and will only be necessary for me to summarize his subject by saying that the discussion showed a number of cases of genuine typhoid fever, two of which were fatal because of indiscretion on the part of the patient, the symptoms in all being so different from those laid down in the books and the virulency of the disease so light that the condition might easily be overlooked or treated as some other malady.

Clinical experience shows that even syphilis and gonorrhoea may be so mild in character that they are scarcely noticed and are easily cured, while persons contracting the disease from these patients may suffer severely. The virus of gonorrhoea may at one time cause extreme symptoms and require months of careful, persistent treatment to effect a cure, while at another time and under different conditions it may yield readily to simple remedies. Two cases of this disease in the male have recently been under treatment, both of which yielded within three weeks. In both cases the disease was conveyed to the wives before treatment began. In one of these cases the woman was treated for four weeks with very little improvement and was finally allowed to seek some one who could effect a

more rapid cure. Why should the same remedies produce a complete cure in the husband within three weeks and yet accomplish almost nothing in the wife after four weeks' trial? Another case which did not appear to be more severe than the average has been under treatment since October and he is still far from a well man.

If time permitted, this line of thought could be carried to considerable length. If it shows anything, it shows that we must recognize the fact that diseases are to be segregated and each individual case studied by itself and treated for itself. No book of formulæ giving the favorite prescriptions of prominent men for certain diseases will fill the bill. Any medication on this line is simply superstition dignified with the name of science. The known physiological action of the remedy is the only basis upon which it can be scientifically administered. The varied symptoms presented in any particular case must be noted and treated as they appear. So also the varying degree of virulency must be taken into account in making up not only our diagnosis but our treatment. To set down a certain dose to be given may be convenient for a class in college, but it will not do in actual practice. Five drops of a remedy in four ounces of water may be too large a dose sometimes, while at other times a drachm of gelsemium or of digitalis may be the very dose needed. The conditions, the temperament, the surroundings, the severity of the attack and the malignance manifested must ever be our guide, leading us to specific medication in its broadest and truest sense.



## Notes From Practice.

G. W. HARVEY, Knabe, Utah.

**Bed Sores.**—The very best way to handle a bed sore is to prevent it. We use salt and whisky or alcohol; a saturated solution, or strong brine from pickled beef or pork. Rub the parts thoroughly twice a day, and so thoroughly that it amounts to a massage. But if from any cause a bed sore does develop, don't forget the shoemaker. Send right down and get some of his wax that he uses for his waxed ends; put enough of beeswax with it to make it pliable with gentle warmth; spread on thin leather, sheepskin, chamois or buckskin, and after cleaning the sore well with your pet antiseptic, stick on your plaster. Repeat twice a day.

**Carbo veg.**—Some time in your practice, if you are a young M. D., you will find a tongue that looks like it was covered with ringworms, little circular, semi-circular, oval or crescentic patches, and more than likely you never learned at your Alma Mater anything about such a tongue. It doesn't matter whether the person be male or female, child or adult, nor what the matter is. make a dozen two-grain powders of carbo veg. 3x and have them given every four hours, one at a time.

**Graphites.**—When some woman brings a baby to you with moist sores behind the ears or in the groin and tells you that she has "given it fourteen bottles of Hood's Sarsaparilla and lots of other medicine for the blood

and can't cure this skin disease," just politely inform her that it is no disease of the skin, no matter if it is all over the face, hands and scalp (as it sometimes will be), but a wrong of teething, and that all the child needs is a few powders. Put up fourteen powders, two of which are graphites, anywhere from 3x to 75x. Number the graphites 1 and 14, and the other twelve of sugar of milk, cali. phos. or anything you please, numbered with the intermediate numbers, 2 to 13. Tell her to give one powder each day, and if not well in three weeks to come back again.

**Arsenicum Iodide.**—Last summer I had a very bad case of phagedenic erysipelas of the arm. Tr. of iron, echinacea, sambucus, cranberries and buttermilk did no more good than water. Veratrum would hold it about steady. After two weeks of "no better" I began to lose hope of recovery, when I bethought me to try arsenicum iodide. I made up three dozen two-grain powders of 3x and ordered one every hour. In twenty-four hours there was a very perceptible change for the better. Improvement continued for a week, and the cure was completed with a salve made thus:

R

Carbo veg. pul.	3 ii
Bismuth sub. nit.	3 iss
Fowler's solut.	3 i
Vaseline.	3 iii



M. Sig. Apply to open sore twice daily and cover with soft cotton cloth and absorbent cotton.

Should this be new to any of the Journal readers, I would like them to try it and report through the same columns.

Eustachian Catheter.—Much of the deafness that we are called upon to treat, both total and partial, arises from some trouble of the middle ear, and every country M. D., young or old, should know how to pass an Eustachian catheter with little or less trouble. How to do it: Pass your catheter along the floor of the nasal orifice straight back until it touches the vault of the pharynx. Turn it one-fourth of a circle to the right, it in the right nostril, and vice versa if the left; draw it forward until it touches the septum nasi. Stop your catheter here and turn it squarely over, a half circle, and at a point just opposite where it touched the septum it will slip into the Eustachian tube. Try it.

Warts.—Don't be skeptical. If you have a case as warty as the "proverbial toad" give magnesium sulphate gr. v three times a day for three weeks or less as it will happen many times, and you will be pleased. Professor Webster knows. 'Tis said that the carbonate of magnesia will do as well.

Stomach Tube.—Should you be so unfortunate at any time as to have a patient with his back broken in two or three places, with paralysis of the lower bowel and rectum, don't forget the stomach tube. Your fountain syringe and glycerine suppositories will be utterly useless here, but you can pass the stomach tube some twelve or eighteen inches up the colon and unload the bowel at will for months, if need be.

These things are not new, but well worth remembering.

## *Medical Societies.*

### THE NATIONAL.

#### Additional Report From the Transportation Committee.

Judging from all appearances, from the enthusiasm which prevails in different localities, from the daily inquiries received from all parts of the country, our trip is to be one of the greatest success.

New York, the first to hold her annual State meeting, after the distribution of the "Itineraries," stands pre-eminent as a good example for all her sister States to follow. During the meeting held in New York city on the 25th and 26th of March there were ten who pledged themselves to the society to be present at Portland, and many other reliable promises given; so that the delegation from the Empire State bids fair to number between thirty and forty. What other States will equal it?

Your committee have arranged so any ordinary day coach will be attached to the special train at Chicago. Thus, those who wish to provide their own meals and other conveniences can have the privilege of traveling on the same train with the rest of the party and participate in the enjoyments of the trip. The cost of the railroad tickets for the entire round trip will be \$123 50 from Chicago.

Those who desire to travel with the



party to Portland, attend the meetings and return home, via Union Pacific and Chicago and Northwestern roads, without going to San Francisco, can have such tickets furnished for \$110 from Chicago.

Railroad rates from other places will be furnished upon application to Dr. Pitts Edwin Howes, Station S, Boston, Mass.

All persons desiring to go will send check for amount of railroad tickets to Dr. Howes and receive from him a ticket for the special train and an order from him to obtain the railroad tickets at such offices as he may direct.

The coupon book may be purchased of him at the time of joining the party. These will be sold entire, or in part, so that each person can buy just what he desires.

The souvenir book issued by the Transportation Committee will be mailed by May 1st to each member of the National Association. This book will contain the "President's Call for the Meeting," the Transportation Committee's "Itinerary and Description of the Route," beside being fully illustrated with a large number of fine cuts furnished by the railroads, of the scenery along the route, and also engravings of the different hotels, which are our headquarters during the trip.

The committee is confident that all who are so fortunate as to obtain a copy will feel gratified at its appearance and satisfied that it is a fitting exponent of the superiority of Eclectic practice. Those who desire to obtain the souvenir and are not members of

the National may secure a copy, as long as they last, by remitting 10 cents for payment of postage to Dr. Pitts Edwin Howes, Station S, Boston, Mass.

At Tacoma, where we arrive Sunday afternoon June 14th, we shall be met by the vanguard of the Western Eclectics and welcomed in a royal manner by those sturdy pioneers of progressive medicine.

All who are the least interested in the trip, what we shall see, what we shall enjoy, and what those who stay at home will miss, are asked to procure a souvenir and ponder carefully its pages. This close scrutiny will excite a desire to join the company; this desire should lead to the resolve to become a member of the party; this resolve should cause prompt enrollment among the excursionists.

Whoever thus climbs the stairway of knowledge and action will always be thankful that they were induced to become members of this transcontinental trip.

The following have already signified their intention of being at Portland:

OHIO.

President W. E. Bloyer and wife, Professor J. U. Lloyd and wife, Drs. J. K. Scudder, wife and sister-in-law, L. E. Russell and wife, R. C. Wintermute and wife, W. T. Gemmill, David Williams, R. W. Campbell, A. P. Van Trump, E. B. Davis and Mr. C. W. Russell and wife.

INDIANA.

Drs. W. H. McGrew, L. C. Shutt, W. T. Gott, W. H. Burke, G. S. Woodruff and J. W. Stoneburner.



## ILLINOIS.

Drs. G. R. Shafer and wife, William Krusemarch and wife, William E. Kinnett, Finley Ellingwood, J. K. Rickey, J. V. Stevens and H. H. Mahon.

## KENTUCKY.

Dr. George T. Fuller.

## MISSOURI.

Drs. Edwin Tomkins, C. H. Rigg, H. D. Quigg, B. F. Lazenby and J. S. Potter.

## IOWA.

Drs. J. B. Crain and D. C. Rowland.

## WISCONSIN.

Drs. G. R. Hill, M. J. Rodermund and wife and George Covert and party.

## KANSAS.

Drs. E. B. Packer and wife, P. G. Grus, wife and daughter and J. A. Van Schoiack.

## IDAHO.

Drs. J. J. Herrington and F. P. Matchette.

## NEBRASKA.

Drs. A. L. Matthews and W. S. Latta and party.

## TEXAS.

D. L. S. Downs and party.

## MASSACHUSETTS.

Drs. Pitts Edwin Howes and John Perrins.

## MICHIGAN.

Drs. V. A. Bate and William Bell.

## UTAH.

Dr. A. L. Davidson.

## MISSISSIPPI.

Dr. T. C. Harris.

## NEW YORK.

Drs. George W. Beskowitz and wife, E. B. Foote, James H. Bell, William H. Hawley, Phebe Low, Harriet C. Hinds, Byron Clark, A. R. Tiel, E. M. Manwarren, F. D. Gridley, O. A. Perrine,

M. Jackson, W. S. Dart, I. J. Whitney, William Lawrence, Eli Denny, D. Ensign, J. W. Fife, A. W. Herzog, S. A. Hardy, L. Lanzer, W. H. Bowlsby, G. D. Hewitt, Mrs. J. H. Young, Mrs. D. M. Young and Mr. A. R. Hinds.

## NEW JERSEY.

Dr. D. H. Borden.

Delegates from the State of Washington, 25.

Delegates from the State of California, 40.

The above is the list reported to April 20th; additions will be published in the June Journal.

The National Meeting in Portland.Baker City, Oregon.

Recognizing the fact that the route as announced in the Itinerary of the trip to Portland does not provide for the attendance of the great majority of the members of the association, but only those living in the northeastern part of the country, I have been at work in the interest of those living in the Eastern, Southern and Western States and have just succeeded in securing the interest and co-operation of other transcontinental railroads to that degree which makes it possible for all to attend from any and all parts of the country, and with that object in view I am now thinking strongly of making a trip through the southern half of the United States in the near future and place the proposition before those at interest who would like to make the trip. I have sent an announcement of what I have been able to accomplish along this line to the Eastern medical journals, and have



no doubt but that the meeting in Portland will be the largest in the history of the association.

Concerning transportation from California, I have this to report: The present rate from San Francisco to Portland via steamer is \$5, first class, with board and berth and everything furnished, and the return trip is the same. We could not expect nor ask for a better rate than this. That rate will, no doubt, be in effect at that time, but in case it is not I have secured the promise, not simply as a promise, but have a written statement, that should the rate not be in effect at that time we will be given a rate of not more than one and one-third fare for the round trip, and I feel sure that we will be able to secure even a less rate than that at that time. The present rate of \$5 via steamer makes it cost less to make the trip to Portland than it would to stay at home and pay hotel bill. In case the \$5 rate is not in effect at that time, then be sure that you do not forget to get a receipt from the agent for the amount you paid for your ticket and bring that receipt to Portland with you, for it will be good for at least four-fifths the price of your returning ticket.

All come and have a grand old time.

Yours fraternally,

H. E. Currey, M. D.,

Member of the Committee on Transportation.

#### Booming the National.

The Alameda County Society is enthusiastic over the National which is to be held in Portland, June 16th to

18th. The session of the society held April 14th was devoted entirely to the discussion of the trip to Oregon and devising plans to make it a grand success.

Dr. H. B. Mehrmann, the genial and proficient Corresponding Secretary of the State Society, invited the physicians of Alameda county and San Francisco to meet at his residence and while they shared his hospitality to renew their vows of devotion to their trip to Portland. We are sorry that only one solitary wanderer from the "City of Cobblestones and Wind" found his way over that evening. He had been at Dr. Mehrmann's before, however, and knew that the host never did things by halves. On arriving he found Alameda county very much in evidence.

Dr. Mehrmann reported that forty-five new members have already been pledged to join the National. Sixty physicians have announced their determination to attend and about forty of these have agreed to take their better two-thirds. The doctor is sure we can send two Pullmans well filled with delegates and he hopes that the recruiting office will not close till the third car is necessary. It is probable that first class fare for the round trip, including sleepers, can be secured for \$20.

Drs. Mehrmann and Derrick were appointed as members of a committee on transportation to confer and act with two delegates from San Francisco.

Dr. A. Van Meter was present, and his name being proposed for member-



ship he was unanimously accepted as a fellow of the A. C. E. M. Association.

After the business of the meeting had been completed Dr. Fearn, the chairman, announced that he would have Dr. Mehrmann direct the bill of fare for the remainder of the evening. By common consent Dr. Church assumed the responsibility of musical director and showed great skill in this direction. The doctors were favored with several piano solos and a number of well-rendered vocal solos, accompanied by the banjo and piano. To say that the music was enjoyed would be putting it mildly, for the company was fairly convulsed over some of the selections. And those who were absent—well, we feel sorry for them—they will never know what they missed.

Tables were then brought into the spacious parlors and the guests assembled in groups of four or more around them to do ample justice to the courses of delicious salad, sandwiches, coffee, ice cream and cake which even excelled the dishes our mothers used to make. After more music and much social enjoyment the doctors and friends took their departure during the wee' small hours of the morning, feeling at peace with themselves and with the whole world.

V. A. Derrick, M. D., Secretary.

#### On to Portland.

H. B. Mehrmann, M. D., Oakland, Cal.

The coming issue of Our Journal should carry with it some definite information as to the ways and means

of our coming trip to Portland, Oregon, in June next. It has been my pleasant duty, not only to drum up the promised number of new members for the National, but also everybody who is in possession of sufficient enthusiasm to help the cause of Eclecticism. I therefore give an account of my labors as far as I have gone. I want the reader to bear in mind that I am still drumming, and if he or she does not find his or her name among those appended hereto, I wish he or she would at once forward the same to make sure that they will not be missed. The cost of the trip will certainly be found within the province of every one, so that we ought to arrive at Portland with nothing less than 100 strong. It would be the proudest moment of my life could I but refer to our party as numbering 150. That number can certainly be the size of our family on this occasion if the Eclectics of California will but half try. We will leave San Francisco Friday, June 12th at 10 A. M. on the steamer State of California of the Oregon Railway and Navigation Company from Spear-street wharf.

We will arrive at Portland Sunday, June 14th at 6 A. M. This will give us one entire day to commune with our Oregon friends and to see the sights. Monday, June 15th, the Oregon State Society will be in session, at which we shall be conspicuous by our presence, as a return compliment to our fellow physicians of that State, for their kind attendance at the last session of the California State Society. The 16th, 17th and 18th will find us



in attendance at the National.

Returning we leave Portland at 8 P. M. Thursday and arrive at San Francisco Sunday morning. Expense by boat, including berth and meals, \$5 each way, if cut rate be on; if not, two-thirds rebate from the regular return fare.

The rates given us by the railroad company are as follows: The fare for the round trip, if the rate war continues, will be \$10 for each way. If the cut rates cease the company has agreed to take us for \$20 each way, with two-thirds rebate of return fare. This, of course, is with the understanding that there be fifty or more to make the trip. Both of these rates include berth and meals; no other expense until you arrive at either end of the route.

Those already on the list are J. C. Bainbridge, L. Lee, J. M. Bond, J. J. Caldwell, C. N. Miller, J. W. Hamilton, D. Maclean, J. S. Devore, W. F. Gates, C. W. Wheeler, H. Vandre, F. Cornwall, J. G. Pierce, C. H. Wheeler, C. Mealand, C. S. Clark, W. D. Turner, G. W. Burleigh, C. A. Burleigh, C. H. Hervey, C. J. Sharp, H. T. Webster, H. L. Deimel, M. H. Logan, L. F. Herrick, P. F. Bullington, H. W. Hunsaker, J. L. Coombs, M. B. Mallory, F. D. Walsh, B. Stetson, F. P. Matchette, F. P. Mitchell, S. L. Blake, H. Kyberg, O. L. Jones, H. B. Mehrmann, V. A. Derrick, W. B. Church, A. W. Bixby, J. R. Goodale, E. J. Tucker, A. E. Colerick, V. V. Wall, W. H. Henderson, E. H. Goyer, A. Van Meter, M. E. Van Meter, J. M. O'Byrne, C. P. Higgins, L. M. E. Raymond and A. F.

Childs.

Of these, thirty-five have agreed to become members of the National if in attendance, or if unavoidably detained will forward the necessary amount of money and become members by petition. Some forty or more of these will be accompanied by their wives. In concluding I wish to return sincere thanks to Dr. G. H. Derrick for valuable assistance given me in perfecting negotiations with the railroad company.

THANKS AWFULLY.

Note—Dear friends and colaborers across the bay, we extend to you our hearty thanks for your full attendance at our conclave of Alameda County Eclectics on April 14th. Next time we shall meet you at the depot with a brass band and escort you to our palatial residence. We dearly hope that our next invitation will be as eagerly accepted as was the last, and that at least as many of your learned set will spend an enjoyable evening with us as they did on the last occasion.

#### For Sale.

Practice in a bay city of 8,000 inhabitants, thirty miles from San Francisco. Only Eclectic in the place. Seven doctors all told. I am physician for the Foresters and Companions of the Forest, both salaried positions. Also examining physician for the Knights of Maccabees. These I will turn over to my successor. This is an excellent opportunity. Good reasons for selling. Price very reasonable. For further particulars address "Practice," California Medical Journal Office, 1422 Folsom street, San Francisco.



*Alumni and Personal.*

DR. DORA M. HAMILTON, Editor

Communications for this department should be addressed to its Editor, 1422 Folsom Street, S.F.

The first class to graduate from the California Medical College was in 1880. The first Journal published was in January of 1880. We have the first volume and the first number on the desk before us as we write. It was edited and published by D. Maclean, M. D., and the associate editors were J. H. Bundy, M. D., and J. J. Kendrick, M. D. The office was in Oakland and the California Medical College was in Oakland. So we might say that the college was born into the world in Oakland in the year of 1879, ushered in by Drs. Webb and McRae. Dr. Webb died before the college was really opened and Dr. McRae died after the first class graduated. Dr. D. Maclean was Dean when the first class graduated, in 1880, the term then being only two years. Professor Maclean says "we were few in those days and some of us had to do double duty." There were only seven professors at that time, five of which are now dead. The faculty at that time were :

Professor Bundy, Practice ; Professor Martin, Materia Medica ; Professor Crowley, Eye, Ear, Nose and Throat and Demonstrator of Anatomy ; Professor McRae, Surgery ; Professor Maclean, Physiology and Obstetrics ; Professor Kendrick, Anatomy ; Professor Campbell, Medical Jurisprudence.

This shows the student of the col-

lege to-day what advantages they have over the students of 1880. We imagine the class of '96 saying to themselves, "the class of '80 had only seven professors to be examined by, which, to us, at this present moment, seems a great boon." That is true, but any graduate of the class of '80 will say they envy the present class their superior teaching and advantages.

We are in receipt of so few letters from the members of this class that we cannot give a very accurate account of many of them, but with the material at hand will do our best. Of very many we do not even know the address. The class consisted of thirteen members.

Charles E. Case, M. D., is located at present in Tacoma, Wash., and is one of the leading physicians of the State as well as of the Northwest. Dr. Case is noted for his successful gynecological surgery ; William K. Doherty, M. D., is the owner of Byron Hot Springs, in Contra Costa county, where the doctor conducts a sanitarium and health resort, beside having an office in Byron, where he resides ; S. H. Hall, M. D., O'Brien block, San Francisco ; Charles H. Houpt, M. D., St. Paul, Minn., was valedictorian of the class ; J. S. Leffingwell, M. D., San Francisco ; Benjamin Sturman, M. D., 6 Eddy street, San Francisco ; L. Wellendorf, address unknown ; Selden L. Blake, M. D., Weaverville, Trinity county, where he has a large practice and also has a drug store, beside being a partner in the California Drug Company, 1420 Folsom street, San Francisco ; J. A. Martin, M. D., Elk Grove, Cal. ; E.



Henderson, M.D., J. A. McKee, M. D., R. F. Pries, M. D., I. E. Cohn, M. D., S. V. Thomas, M. D., addresses unknown.

This report is very unsatisfactory to the writer, but is unavoidable.

We had the pleasure of visiting Ukiah last week and of calling on Dr. G. W. Stout, the leading physician of that city and of Mendocino county, beside being prominent in business and Masonic circles. The doctor has a suite of offices in the finest and most prominent building on the main street opposite court house square. Dr. Stout ordered his horse and carriage and took us over the lovely drive to Vichy Springs, where we inspected the springs and drank some of every kind of the nasty tasting waters. Returning to Ukiah we drove out three miles in another direction to the insane asylum and were there introduced to Dr. King, the superintendent, and Fred Hendy, the secretary. Dr. King very kindly conducted us through the building, explaining all the details of each department. It is a lovely modern structure and the location is in a beautiful spot. Everything is in "apple-pie" order, within and without. There are 300 patients, about four-fifths of whom are foreigners. We would advise you, dear Alumni, when on a visit to Ukiah, to call on Dr. Stout, as he will certainly do the honors of the city in a royal manner.

Mrs. D. Maclean, wife of our Dean, has gone on a visit to the family home in Michigan, where on the 27th there

will be "a gathering of the clan." Mrs. Maclean will make an extended visit among relatives and friends before returning to San Francisco.

Professor B. Stetson has removed his office from the corner of Broadway and Fourteenth streets to the Central Bank Building, Oakland. Professor, we congratulate you on having secured such commodious quarters. We are sure the professor's patients will appreciate the change.

W. S. Mott, M. D., of Salem, one of the very pleasant Oregon doctors who honored our State meeting with their presence, writes an earnest invitation for our M. Ds., one and all, to attend the National in June. Of course we cannot withstand accepting invitations from such a persuasive man as Dr. Mott.

Dr. C. A. Goshen of Petaluma sends a letter containing a remembrance to Our Journal. Thanks, doctor; such tokens bring a broad smile of welcome to the countenance of Dr. Miller.

Professor Frank Cornwall, formerly of 227 Geary street, has removed to 208 Mason street, Y. M. C. A. Building. What with that new country home he has been building and new offices, we are afraid Professor C. is getting very "high and mighty." But all the same he hopes to welcome all old friends to his new officers.

Dr. Russell Truitt has removed from Walla Walla to Cottonwood, Wash. The doctor is looking forward to attending a post-graduate course of lect-



ures in California Medical College. He sends best wishes to Our Journal and college.

Dr. Michener of Halsey, Oregon, spent a day in San Francisco on his way to visit his parents in the East. Those of our readers who attended the State meeting in November will remember Dr. Michener as one of the very entertaining speakers with the Oregon delegation, who visited us at that time. We do not think that any one who heard him will forget that Dr. Michener's father was the man who gave the pills every Sunday morning.

Dr. Henry Yates of Weaverville, Trinity county, was recently in the city calling on friends and the college. The doctor has for some time been associated with S. D. Blake at Weaverville, but has concluded to locate in Phoenix, Arizona. Doctor, we are sorry to lose you from the State, but by our loss Arizona will gain a good physician.

Dr. J. L. Coombs of Grass Valley sends one of those letters that delight the heart of Dr. Miller and make him smile sweetly on the young lady students. Doctor Coombs expresses a wish to become a member of the State society which we think, doctor, shows an appreciation of nice people.

A personal letter to one of our professors from G. L. Long, M. D., of Fresno, contains the following: "According to the health reports of 1895 I stood second as to number of confinements reported in the city of

Fresno, and there are some twenty-eight physicians here. I am serving my second term as a member of the Board of Health, and act on the board with the Allopaths without any trouble or 'kick.' Was also elected County Coroner in 1894, being on the People's party ticket and the only Populist elected in the county, running about 700 votes ahead of my ticket. I try to be a quiet chap and not brag much, but still would like you to know we are still plodding along as best we can, way out here on the hot sand plains." Doctor Long is a California Medical College man of the class of '86. Doctor, we are proud of our "boy" and hope even greater success will attend your "plodding."

The College Faculty have adopted a design for a class pin and have made arrangements with Louis Meyers, jeweler, 21 Mason street, to furnish the pin in solid gold at the moderate sum of \$2 25. Any one wishing this pin can by sending the price to Mr. Myers get one by return mail.

#### Office Supplies.

Doctor, if you will write to N. W. Mallery, Crocker Building, San Francisco, he can assist you in procuring anything you may need to enable you to do good work.

"Faith is the prerequisite of every successful accomplishment in life. An axiom of the circus ring warns an acrobat, or a gymnast, never to attempt a feat unless he has perfect confidence in his ability to perform it successfully."—Menticulture.



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Expression is essential to growth. We cordially invite all Eclectic physicians who would keep abreast with the times to make frequent use of our columns.

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To insure accuracy, employ the typewriter when possible. Otherwise prepare manuscript with care, re-writing when necessary; be kindly thoughtful of the Editor and compositor, and do your own drudgery—time is money.

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*Editorial.***Which Shall It Be ?**

All men are created free and with equal rights to make the most of their abilities. The law of effort and reward, rendered familiar in the command, "In the sweat of thy face shalt thou eat bread," is of universal force and of universal application. There is no law of trespass.

Under certain conditions, perfect individual freedom and responsibility works beneficially for the race, as it tends to stimulate effort. The single condition for its beneficent action is, that it shall remain easily possible for man to earn his bread by the sweat of his brow.

All men are not created equal in abilities, and by the workings of the law of selfishness the most able ones begin to absorb and monopolize all opportunities, and to lay tribute upon those who are less able.

These less fortunate ones, the so-called poor, are thus obliged to sweat doubly for their bread; and if there be no limit placed to the workings of the law of selfishness, it soon comes to pass that a portion of the race begins to deteriorate, the struggle for bread being so constant that little or no strength remains for the cultivation of the higher life.

The remedy is evidently to limit the action of the law of selfishness, and forbid that excessive tribute should be levied by fortunate ones upon those who, though less fortunate, have yet an equal inherent right to the necessities of life.

The world owes every man, woman and child a living who is willing to work for it; and that civilization is a failure which does not place the necessities of life within reach of all.

Has the civilization of our day and nation, in which selfishness is wholly uncurbed, reached its limit of possibilities for the upbuilding of man's happiness and well being?

In future will the rich continue to grow richer and more effeminate, and the poor to grow poorer and more degraded, and thus the average of our national life be lowered, or will the wisdom and better thought of our people bring about changes by which the struggles of life will be more nearly equalized, and the burdens of



the masses be made lighter?

In this country there is no good reason why the necessities of life should not be kept within easy reach of all. Nor why the larger portion of our people should not be privileged to attain to a degree of wealth that is quite above all fears of want—a condition in which the highest and best in manhood finds freest and fullest expression. But there is good reason why the law of selfishness should be limited in its action, and individual and corporate accumulations of wealth be kept below the line of inordinate power for oppression.

Corollary: If an income tax be unconstitutional, then let the constitution be—amended!

#### Our Frontispiece.

G. W. Johnson, M. D., the fine looking gentleman whose portrait serves as our frontispiece, is the First Vice President of our National Eclectic Medical Association.

The doctor has wisely improved the excellent opportunities for education that our country affords, and already stands well in his profession although he has turned but few of life's pages.

Dr. Johnson was born in the town of Hickory Plains, Arkansas, in 1861. He graduated from the Logan County Institute in 1879, then took a course in Holbrook's School in Lebanon, Ohio.

In 1883 he received the degree of M. D. at the Eclectic Medical Institute of Cincinnati, and he also holds a certificate of graduation from the Eye and Ear department of the Pulte Medical College of the same city.

After graduating, the doctor went to the town of Webber Falls in Indian Territory, where he practiced medicine for a year and a half. He then went to New York city and took a special course in chemistry at the Vanderbilt University and also a course in the Post-Graduate School and Hospital of New York city.

In 1889 Dr. Johnson located in the lively city of San Antonio, Texas, where he is still practicing his specialty—diseases of the eye and ear. If energy, ability and industry foretell success, the doctor will achieve still greater renown and honor for himself and Eclecticism.

No Moss Here.

Watsonville, Cal., March 14, 1896.

Dear Editor—Inclosed I hand you draft in payment for Our Journal for 1896. Permit me to say that of the dozen medical journals that come to my desk regularly, not one is superior to the California Medical Journal, and few its equal.

The one characteristic of Our Journal that especially commands my indorsement and admiration is the originality of all articles appearing on its pages. To the busy practitioner it is very annoying to find one half of the space of his medical journal occupied by articles that he has read in some one of his other journals the previous month. Thanks to your "up-to-date" ideas, when we receive Our Journal we expect something new, crisp, instructive and we are never disappointed. May its uniqueness ever continue. Yours sincerely,

A. William Bixby, M. D.



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DR. JOHN ALLEN ANDREWS  
DEAD.

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The Oldest Eclectic Physician Succumbs to Old Age.

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He Was Over 93 Years Old at the Time of Death.

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In Active Practice for More Than Sixty Years.

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Dr. John Allen Andrews, oldest physician in the Eclectic school, with more than sixty years' active practice to his credit, died at his home, 91 Elm street, Worcester, Mass., after a short illness, on the morning of April 10th.

The doctor was born in Hopkinton, Mass., September 30, 1802. When a young man he became acquainted with Dr. Samuel Thompson, the noted botanical physician, and became so interested in him that he embraced the doctrines of botanical medicine and took a course of study. He took post-graduate degrees at various medical colleges and was one of the most successful physicians of his city.

In the sixty years of his active practice Dr. Andrews has seen the entire growth of Eclecticism, and has always been true to its principles. The doctor was upright and charitable, and lived in the esteem of his friends, an honor to his city and his profession.

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*Publisher's Notes.*

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A Clinical Study of Antikamnia.

The New York Medical Record contains an exhaustive article under the above caption by Samuel Wolfe, A.M., M.D., Physician to the Philadelphia Hospital; Neurologist to the Samaritan Hospital, Philadelphia. He summarizes as follows:

"I feel justified from my experience to formulate the following conclusions:

"That antikamnia is valuable for reducing temperature in febrile complaints.

"That it is of service in many forms of pain connected with febrile diseases.

"That it has a field of use in rheumatic and gouty affections.

"That in neuralgic and myalgic pains it is not only palliative, but along with other measures assists in ultimate cures.

"That in neurasthenia, hysteria and migraine, it is a valuable adjuvant to the other recognized therapeutic measures.

"That in organic nervous diseases it has a field of application.

"That it is the least depressing of all the drugs that can exercise a control of pain, and also least disturbing to the digestive and other organic functions."

He further states:

"The scientific physician prefers always to treat a cause or condition, rather than a mere symptom. If he can remove pain by abolishing its cause, he will do so rather than to blunt the sensory structures so that the pain is not felt. The demand for relief from mere symptoms, however,



frequently becomes imperative, and this is especially the case when pain is present. We would cease to respect the physician, who in the presence of an acute agonizing pain, which mechanical or other means could not quickly relieve, who would withhold the hypodermic of morphia. On the other hand, we applaud the sentiment which seeks for measures to combat this symptom, carrying with them less of the remote dangers, which are inherent in the frequently repeated and long continued use of opiates."

#### Dysmenorrhœa.

In the March number of the Alabama Medical and Surgical Age is a very interesting article on Dysmenorrhœa by G. C. Chapman, M. D., of Birmingham, Ala., which we hope to soon reproduce in Our Journal.

Speaking of various methods of treatment, the doctor says: "But the remedy that has proven the greatest boon to my patients has been Diovi-burnia, given in tablespoonful doses, four times daily, beginning four or five days preceding the expected attack, and, after the flow is established, every two or three hours."

#### Protonuclein.

The success in the introduction of Protonuclein (Reed & Carnrick) has been without precedent. As a proof of the extensive use of Protonuclein, we would say that 175,000 ounces have been prescribed by the medical profession of the United States during the first year of its introduction, and its use is rapidly increasing, both in this country and Europe.

Before we commenced the general introduction of Protonuclein, we had it tested privately in fifteen hospitals and among a large number of physicians of large practice, which enabled us to state at the beginning of its introduction that we believed it would prove to be the most important therapeutic agent ever introduced to the medical profession. Since that time it has been used by not less than from fifteen to twenty thousand physicians, with such positive results that we believe our opinion as to its therapeutic value has been fully verified. Reed & Carnrick.

#### A Doctor's Carbuncle.

Dios Chemical Co., St. Louis, Mo.: I thank you for the box of Sennine. It came just in time for me to try it on myself in a malignant carbuncle, which had caused me much suffering.

It affords me pleasure to state that Sennine has benefited me more in three or four days than any of the many antiseptics I have used, among which were Iodoform, Antifebrine and Aristol; so you can see that Sennine has the best standing with me, and I cheerfully commend it to my brother practitioners

Yours very truly,

R. M. Wells, M. D.,  
Plant City, Fla.

#### Introductory Offer.

The introductory offer of the Hall Capsule Company of Cincinnati, Ohio, is worthy of investigation by the physicians who have never used the Anderson Vaginal Capsules in their practice. It will apply also to the Ruby



Capsules if ordered in not less than 1000 at \$1 per 1000. Also the Pil Palmettine in bottles of 100 at \$1 per bottle, providing any physician prefers either of these specialties rather than the Vaginal Capsules. The Medical Dictionary offered by them could not be purchased for less than 50 cents in any bookstore, and it is an opportunity to obtain a standard book of reference without expense and should be taken advantage of at once.

#### Cito Pills.

"Altogether and nothing first,  
Just as bubbles do when they burst,"  
Is the way Cito Pills go to pieces in  
contact with moisture. Worden &  
Co. See ad.

#### Pinus Canadensis.

F. A. Rew, M. D., Imboden, Ark.,  
says: "My experience with S. H. Ken-  
nedy's Extract of Pinus Canadensis was  
so decidedly satisfactory and gratify-  
ing that I prescribe it with a positive  
assurance that benefit will follow its  
use. On the principle that 'all as-  
tringents are tonics,' I use the Pinus  
Canadensis, in small doses—in pneu-  
monia, bronchitis, typhoid fever; in-  
deed, where the mucous membranes  
need a tonic, and recognizing the sim-  
ilarity between mucous membranes  
and the external skin, I use it in erysip-  
elas, nervous forms of eczema, and  
wherever the skin needs a tonic. It  
is all I need in many cases of ophthal-  
mia and gonorrhœa. Its special thera-  
peutics would fill many pages, and I  
am satisfied that we will yet find new  
uses for it."

#### Cholera Infantum,

A complaint peculiar to infantile  
life, too well known to need further  
description. I have been requested to  
give my treatment for this scourge of  
the nursery:

First, control the irritation; and  
second, remove the cause. To control  
vomiting, one-eighth grain tablet of  
calomel every hour until four are  
taken. Follow with teaspoonful doses  
of castor oil, or pure olive oil, in which  
is mixed three to five drops of Battle  
& Co.'s Bromidia, every two hours, un-  
til it operates on the bowels, and be  
sure that it does operate, too.

Then give every two or three hours  
from half to a teaspoonful, according  
to age and emergency, of the follow-  
ing:

R

Aquæ calcis.....	1 ounce
Mistura cretæ.....	1 ounce
Syrup acaciæ.....	1 ounce
Bromidia ....	$\frac{1}{2}$ ounce
Bismuth sub. nit.....	$1\frac{1}{2}$ drachms

M. Sig.: Shake well before using.

Repeat the oil every morning till it  
operates, and follow it as before. If  
the Bromidia in this formula is not  
sufficient to insure quiet and sleep, I  
give enough of it in addition till it  
does, always properly diluted. In ex-  
treme bad cases, with "brain symp-  
toms," I depend entirely on Bromidia,  
and it has never failed me. I have  
given it in half teaspoonful doses every  
hour till the desired effect, with no  
unpleasant results.

Observe proper rules in feeding and  
bathing and the little patient is usually  
all right in a few days. Since I have



adopted and followed this course, now about twenty-five years, I have not lost a case of cholera infantum or summer diarrhoea, and my record will show that I have treated, probably, as many as any one in the same section of the country.—J. M. Duncan, M. D., of Kansas City, in the Medical Brief for September, 1895.

#### Hydrozone in Purulent Otitis Media.

Report of a case supposed to involve inflammation of the mastoid.

On November 4, 1895, I was consulted at my office by Robert P——, aged 24 years; occupation, laborer in the Armour Packing Company. The patient complained that for about four weeks he had been suffering from intense pain in his left ear, making it impossible for him to sleep at night or rest during the day. The pain was so severe that at times he apparently lost consciousness and it seemed to extend through his entire brain. Upon inspection the man's face was found terribly deformed; an edematous swelling the size of one half of an ordinary loaf of baker's bread occupied the usual location of the ear and the surrounding muscles. The auricle of the ear was almost buried in edematous tissue; upon palpation, the part was found intensely tender, and deep pressure evoked expressions of excruciating pain. The integument and subcutaneous tissue were thoroughly infiltrated. Ichorous, fetid pus was slowly exuding from an almost imperceptible meatus. The patient expressed feelings of chilliness, showing a possible septic contamination of his system. Every indication and sign

pointed to possible suppuration of the mastoid cells—tenderness upon pressure over the mastoid being very marked. Efforts to localize the tenderness, whether in external meatus or mastoid, for discriminating diagnosis, were unsatisfactory. I concluded to withhold a positive diagnosis as to whether the condition was purulent otitis media or suppurative inflammation of mastoid, and used tentative treatment for a short while. I immediately placed the patient under heroic doses of elixir of the six iodides internally. After laborious effort I succeeded in separating the edematous tissue sufficient to admit the introduction of a small Eustachian catheter into the external meatus. Through this, with a small hard rubber syringe, I injected four times daily about one-half an ounce of hydrozone, allowing it later to drain away, advising hot fomentations. The patient was confined to his bed and the best possible hygienic surroundings provided. In twenty-four hours after the treatment was commenced the intensity of the odor, amount and character of the discharge had manifestly lessened, the swelling was reducing and the patient feeling better. The edema being lessened, the aperture was enlarged. I now recommend the injection of hydrozone through a catheter of large calibre, every hour, requiring the head to be kept turned to the opposite side for ten minutes to allow the percolation of the hydrozone as deeply as possible into the middle ear before reversing the position to allow drainage. We continued this treatment for a week,



the man's recovery progressing with remarkable rapidity, his pain and the constitutional symptoms having disappeared about the third day. At the end of eight days the swelling had entirely disappeared, his features were again normal, and he expressed himself as perfectly well. An examination showed a circular perforation in the ear drum the size of a shot, proving that the case had been one of purulent otitis media, and septic contamination of the patient's system and infiltration of the surrounding cutaneous tissues. Small incisions were made at two different places to permit the exit of pus from the integument. The mastoid was found not involved. The rapidity with which the disease yielded after the introduction of hydrozone through the catheter into the middle ear impressed me with the wonderful value of the preparation; for, struggling with such cases during a practice of seventeen years, I have never seen its efficiency equalled by any medicinal or operative procedures.—William Clarence Boteler, M. D., of Kansas City, in *Philadelphia Medical Bulletin* for February, 1896.

#### Rheumatism.

*Rhamnus Californica*, introduced by Dr. H. T. Webster as a specific for rheumatism, can now be had in abundance of C. E. Worden & Co., San Francisco. Give it a trial.

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### *Book Notes.*

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THE INTERNATIONAL MEDICAL ANNUAL FOR 1896. A complete work of reference for medical

practitioners, the conjoint authorship of thirty-nine distinguished American, British and Continental authorities. Has the largest circulation of any medical periodical (not a newspaper) published. Fourteenth year. 8 vo. Morocco cloth, about 700 pages. Illustrated. Uniform with Treat's Medical Classics. Price \$2 75; post free. E. B. Treat, 5 Cooper Union, New York City.

No physician who would keep up with the wonderful changes constantly being made in the treatment of disease can afford to do without this grand book.

Contents: Therapeutic Review of the Past Year; Malarial Parasite; Diagnosis of Toothache, and Neuralgia of Dental Origin; Remedial Value of Cycling; Sensory Distribution of the Spinal Nerve Roots; Angio-Neurosis; Life Assurance; Dictionary of New Treatment in Medicine and Surgery; Diseases of the Bladder; Surgery of the Brain; Mammary Cancer; Diabetes; Disorders of Digestion; Diphtheria; Antitoxin Treatment of Diphtheria; Treatment of Ear Diseases; Diseases of the Eye; Indian Remittent Fevers; Diseases of Heart: Obstinate Hiccough; Intestinal Surgery; Diseases of the Kidney; Diseases of the Larynx; Leucorrhœa; Nervous Disorders of Women; Diseases of the Nose; Orthopædics; Pancreatic Obstruction; Pneumonia; Diseases of the Prostate; Diseases of the Stomach; Surgery of the Stomach; Pulmonary Tuberculosis; Excision of the Uterus; Vaginal Cœliotomy and Vaginal Fixation of the Uterus; The New Photography; Sanitary Science; New In-



ventions ; Books of the Year ; General Index.

**THE NON-HEREDITY OF INEBRIETY.** By Leslie E. Keeley LL.D., M. D., Chicago. S. C. Griggs & Co., 1896.

In this up-to-date book the author has set forth in detail the theory that inebriety is a disease that can be readily cured, and that it is not hereditary.

In their individual and social relations the importance of the questions considered is second to none that have attracted the attention of thinking people during the present century.

No other living man has had such large experience in dealing with the virtues of inebriety as the author of this book, and his views may well be carefully considered by other members of the profession.

**THE FIRST GREEK BOOK.** By Clarence W. Gleason, A. M., Master in the Roxbury Latin School, and Caroline Stone Atherton, A. M., Late of the Roxbury Latin School, with an introduction by William C. Collier, A. M.

The First Greek Book is an attempt to make, within proper limits, a book which shall appeal to both teacher and pupil, from its logical sequence of subjects, from its directness of statement and its conciseness and freedom from unnecessary details which hamper and confuse the learner.

With this end in view, the authors, with excellent equipment of sound knowledge and much experience in teaching the elements of Greek, have

produced a book free from the faults of excess and meagerness, designed with the right aim, built on just principles and wrought out in its details with praiseworthy tact and skill.

In the educational training of most physicians the rule has been small Latin and less Greek, but those who can take time to brush up their classics will find this little book of great assistance.

American Book Company, New York, Cincinnati and Chicago.

The editorial pages of the Review of Reviews for May are especially strong in their treatment of current foreign affairs and international topics. The Cuban war and its relations to Spanish politics, the boundary difficulty between Brazil and French Guinea, other South American matters, the present status of Canadian politics, American policy toward Turkey, the Soudan expedition, England's position among the Powers with reference to Egypt, the British alliance with Italy, Russian interests in Abyssinai, the rising in Matabeleland, and the Budapest Exposition are subjects which fall within the month's survey and which are intelligently discussed in the Review of Reviews.

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Ripans Tabules cure nausea.

Ripans Tabules cure dizziness.

Ripans Tabules cure headache.

Ripans Tabules cure flatulence.

Ripans Tabules cure dyspepsia.

Ripans Tabules assist digestion.

Ripans Tabules cure bad breath.

Ripans Tabules cure biliousness.

Ripans Tabules: one gives relief

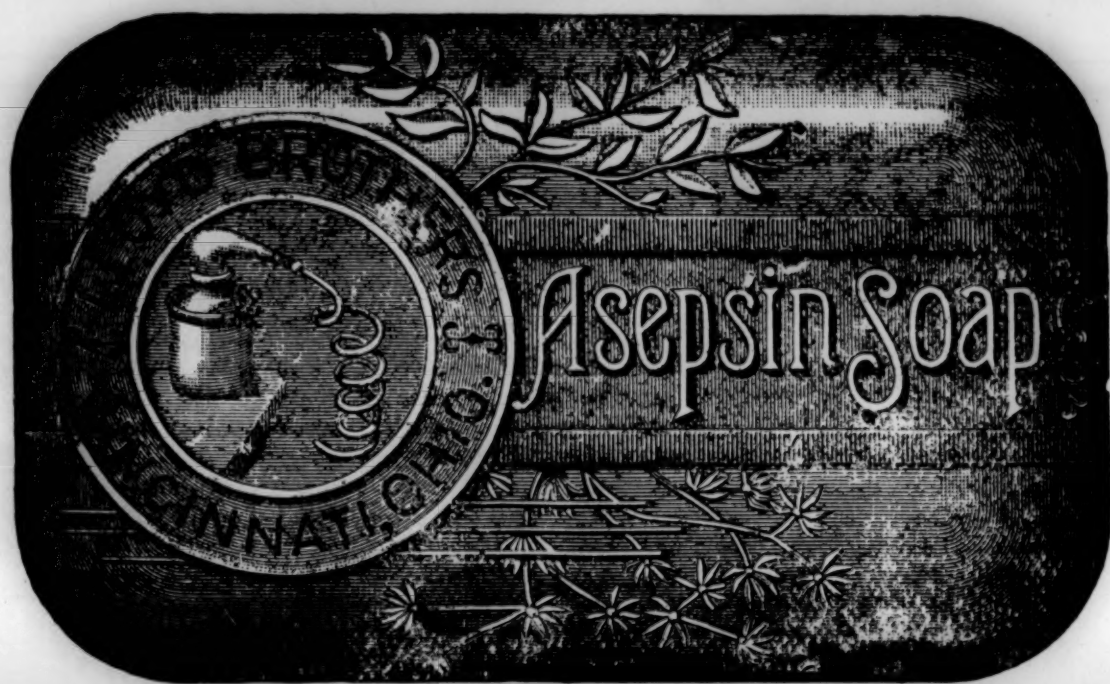
Ripans Tabules cure indigestion.

Ripans Tabules cure torpid liver.

Ripans Tabules: gentle cathartic.



# ASEPSIN SOAP



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**IN GYNECOLOGY.**—It is useful in irritating and offensive discharges concomitant to diseases of females, giving rise to pruritic and inflammatory conditions. Leucorrhoea, simple vaginitis and vulvitis, ulcerations and pruritus vulvae, are conditions in which it is particularly indicated.

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*Your Asepsin Soap I used without faith, but with astonishing and almost immediate relief and ease.* I think I have never before recommended any special preparation, but nothing less than gratitude is due you for this benefit, and that gratitude I express most heartily now. I have delayed this letter many weeks, but I am still as thankful as ever, for my suffering was of a kind not to be forgotten.

PAUL T. BUTLER, M. D., Alamo, Michigan

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